



DEPARTMENT OF THE ARMY  
HEADQUARTERS, U. S. ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL  
AND FORT SAM HOUSTON  
2250 STANLEY ROAD  
FORT SAM HOUSTON, TEXAS 78234-6100

REPLY TO  
ATTENTION OF

MCCS-Z

28 AUG 2006

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Fiscal Year 2007 US Army Medical Department Center and School  
Commander's Training Guidance

1. Philosophy.

a. Our Army continues to serve a nation at war while transforming. Therefore, our key priority must be training to standard and getting our Warrior Medics and leaders to their assignments with the requisite skills. Our training must be relevant and focus on the demands of the complex Operational Environment. We must reinforce the laws of land warfare and medical ethics to ensure our Warrior Medics and leaders demonstrate the appropriate conduct always. We will also provide our civilian leaders opportunities for professional growth and career progression as they remain a key ingredient for our success.

b. We must continue to actively seek out and incorporate Lessons Learned into our core curriculum, leveraging the experiences of our Soldiers returning from OEF/OIF; operations in support of the War on Terrorism, and humanitarian operations; create and execute new training programs to cultivate Warrior Medics who personify the Army values, Soldiers' Creed and Warrior Ethos; develop and implement new training and doctrine to support modular Brigade Combat Teams; and work to advance a joint and expeditionary capability in our training and education systems. We must provide ongoing support to current combat operations by adapting and accelerating our programs and products to deliver relevant and rigorous training to our Warrior Medics and leaders. We must also continue the transformation process while making the most of newly-developed innovative and creative practices that maximize our available resources in time, manpower, and dollars. The Army reorganization and transformation is ongoing; *we must continually evolve to keep our military medical training and education relevant* to the dynamic and dangerous environments we face.

c. In keeping with the 2005 Base Realignment and Closure (BRAC) legislation, the AMEDDC&S has begun to position itself as a medical Center of Excellence (COE) in preparation of becoming the premier Joint Medical Education and Training Center (METC). The METC will encompass all medical basic and specialty training in the DoD, and through the synergy of co-locating and integrating similar service specific training will significantly enhance our joint interoperability and deployability posture.

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d. The job of "Soldiering" is tough and inherently dangerous and the Army has always believed that tough and realistic training is the best preparation we can provide to our Soldiers. However, tough training does not mean unsafe training. Safety must be an integral part of our training and skillfully woven into everything we do. It is a fallacy to believe that tough effective training and safety are incompatible.

**2. The AMEDDC&S Mission.** Our principal and most critical mission remains *to train and educate Warrior Medics and develop leaders equipped to meet the requirements of Full Spectrum Operations*. We are a multi-faceted organization with diverse, yet parallel, missions. Our objectives are:

a. Provide trained and ready Warrior Medics to support worldwide contingency operations; conduct individual training, develop specialized/functional skills, Soldierization, and leadership development which provide the appropriate skill sets to the Department of Defense (DoD), non-DoD agencies, and Allied/Coalition Soldiers and leaders.

b. Produce concepts, doctrine, and organizational structure that meet current and future force requirements.

c. Create integrated and relevant training strategies, products, and programs and make them available for use.

d. Freely consult and collaborate with internal and external agencies and commands in matters of common interest.

e. Support the Readiness and Managed Care missions of the Military Health System.

**3. Balancing Training Priorities and Risk.** To achieve our mission we must establish our priorities and identify associated risks, from lowest to highest. We must assume little or no growth in resources. We have developed mission precedence and we will execute these missions to standard. Organization commanders and directors will notify me of existing missions that are not currently resourced, including the impact to the Army if they are not completed.

a. The AMEDDC&S FY 07 training priorities, in order of precedence:

(1) Support the Army at war.

(2) Initial Entry Training (IET) and Combat Medic Training (91W)

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- (3) Training and Leader Development and Education
- (4) Relevant Collective Training Environment
- (5) Training that Supports Transition to the Future Force.

*Integration of OIF/OEF Lessons Learned into Programs of Instruction is paramount for the above priorities to be successfully executed.*

b. AMEDDC&S commanders/directors can accept little or no risk in:

- (1) Support the Army at War.
- (2) Leader Development - Noncommissioned Officer Education System (NCOES); Warrant Officer Education System (WOES); Officer Education System (OES); and Civilian Education System (CES).
- (3) Integrating a Joint, Intergovernmental, Interagency and Multi-National (JIIM) capability into our training environment
- (4) Knowledge management/distance learning initiatives.

c. AMEDDC&S commanders/directors can accept risk in:

- (1) Functional training not related to IET.
- (2) Unit training support (including home station training).
- (3) Current systems training development.

#### 4. Commander's Guidance.

a. At the core of the AMEDDC&S mission is 91W training. Recent combat operations ***have validated the fact that the additional skills and training of our 91Ws save Soldiers' lives!*** Support for our 91W training program is a consistently positive theme across a broad spectrum of commanders in the field. Our 91W graduates must possess a greater depth of skills focused on emergency care, evacuation, force health protection, and ambulatory care. Our 91W skills will rival those currently found only in Special Forces medics. Our Tactical Combat Casualty Care

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Course (TC3) is the standard. Click on this link and look for Tactical Combat Casualty  
<http://www.cs.amedd.army.mil/deployment2.aspx> .

b. Add rigor and integrate Lessons Learned into our curriculum. We must make greater use of field training exercises, implement warrior tasks, and be innovative in development of training scenarios to "put Soldiers in the 'train as we fight' environment before they deploy to that environment." Although this will, of necessity, increase resource requirements to accommodate more intensive training, I anticipate the introduction of innovative solutions that will optimize available time, manpower, and dollars until the requisite resources are made available.

c. Leader development. The AMEDD must "train for certainty" and "educate for uncertainty". We must develop in our future leaders the right mix of training, education, and critical thinking skills to meet the current and future leadership requirements of the Army and Joint Force. It is incumbent upon us to train and develop a proficient medical force. Our leadership training must not only be comprehensive, but timely. It must reflect our involvement in supporting the national objectives in current world situations. We must also align our training strategies with those of the Training and Doctrine Command (TRADOC) in terms of intermediate level education and revisions to NCOES/WOES/CES scheduled for implementation in the coming fiscal year.

d. Training development. Training is the cornerstone of readiness and the key to our continued success. Always train to standard—conduct training to standard and not to events or time. For every training event, include formal or informal evaluations, and conduct after action reviews. When standards are not met, program retraining until the standards are achieved. *Lives will be saved because of our dedication to achieving standards in our day-to-day training.* When properly applied, Lessons Learned provide the basis for development of new Tactics, Techniques, and Procedures (TTPs). Capitalize on our best innovations and creative practices and maximize use of available resources (i.e. Army Distance Learning Program). We must incorporate these lessons as soon as possible. Our Deployment Relevant Training courses are great examples and can be accessed at <http://www.cs.amedd.army.mil/deployment2.aspx>.

e. Civilian Education. Civilian leaders will continue to perform ever-increasing critical roles within the AMEDD; thus, their leadership training is critical to the Command's success. Continue to phase out legacy civilian leader development programs and focus on the new Civilian Education System (CES) leader programs. Synchronize CES to support the National Security Personnel System (NSPS).

f. Quality Assurance (QA). The future of medical support to the fighting force depends on the quality of the training that we provide. The AMEDD C&S QA Program

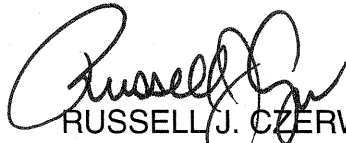
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serves as my "eyes and ears" and will provide me instantaneous feedback on quality, efficiency, effectiveness, and relevance across the full spectrum of training and leadership development. Our numerous accreditation programs and accreditation by civilian institutions, TRADOC, and the Council on Occupational Education are critical indications of high quality training. We will ensure that we meet or exceed all accreditation standards without compromising readiness.

5. **The End State.** The Soldier remains the centerpiece of our Army. To maintain this Soldier, we must develop and operate training programs that will enhance the individual and collective skill sets so that our Warrior Medics are successful force multipliers.

***Ultimately, our success will be measured by the quality and quantity of the Warrior Medics and their leaders on the battlefield.*** We must rapidly adapt our training products and programs to the needs of the Soldier, the Joint Force, and an Army at war. We must also fully equip our Warrior Medics and leaders with the attitude and skills required to succeed in today's dynamic operational environment - to do less is unacceptable!



RUSSELL J. CZERW  
Major General, DC  
Commanding

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